Senior Connections, Inc.
Grievances/Complaint Form

We value your feedback. If you would like to submit a grievance, complaint, suggestion, or other comments, please complete this form and submit it by email to **Brian Trettel, Executive Director**, at execdirector@seniorconnectionswi.org, or deliver it in person to:

Senior Connections, Inc.
1805 N. 16th Street
Superior, WI 54880

You may also contact us by telephone at **715-394-3611** if you have any questions or concerns to be addressed right away. Please provide your contact information if you would like to receive a response.

Section A: Accessible Format Requirements

Please indicate your preferred accessible format, if needed.
☐ Large Print
☐ TDD/TTY or Relay Service
☐ Audio Recording
☐ Other (please specify): _____
Additional accessibility needs or requests:

_____

_____

Section B: Contact Information

Full Name: _____
Telephone Number (including area code): _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Email Address: _____
Are you submitting this complaint or comment on your own behalf?
☐ Yes ☐ No
If no, please provide the name of the person on whose behalf you are submitting this form, your relationship to that person, and the reason you are submitting it on their behalf.

If submitting on behalf of another person, have you obtained their permission?
☐ Yes ☐ No

Section C: Type of Comment

What type of feedback are you submitting? Please select one.
☐ Grievance
☐ Complaint
☐ Suggestion
☐ Other (please specify): _____

What is the nature of your complaint or comment? Please select all that apply.
☐ Race
☐ Color
☐ National Origin
☐ Religion
☐ Age
☐ Sex
☐ Transportation Service
☐ Elder Benefits Specialist Service
☐ Nutrition Service
☐ Income Status
☐ Limited English Proficiency (LEP)
☐ Americans with Disabilities Act (ADA) / Disability
☐ Other (please specify): _____

Section D: Complaint/Grievance Details

Please provide as much information as possible regarding your complaint or grievance. If a question does not apply, you may leave it blank or write "N/A."

1. What type of transportation service was involved, if applicable?
☐ Paratransit
☐ Transportation Service
☐ Shared-Ride Taxi
☐ Bus

☐ Other: _____
☐ Not Applicable

2. Date of Incident (Month/Day/Year):

3. Approximate Time of Incident:

4. Name(s) or identifying information of employee(s) involved, if known:

5. Name(s) or identifying information of other individuals involved, if applicable:

6. Route number or name, if applicable:

7. Direction of travel or destination at the time of the incident, if applicable:

8. Location of the incident:

9. Was a mobility aid involved in the incident?
☐ Yes ☐ No ☐ Not Applicable
If yes, please describe:

10. Please describe your complaint, concern, suggestion, or compliment in detail. Include what happened, when and where it occurred, who was involved, and any other information you believe is important.

11. If your complaint involves discrimination, please explain why you believe discrimination occurred.
Include any relevant statements, actions, or circumstances that support your concern.

Section E: Follow-Up Information

May Senior Connections, Inc. contact you if additional information or clarification is needed?
☐ Yes ☐ No

If yes, what is your preferred method of contact?
☐ Telephone
☐ Email
☐ Mail

If you prefer to be contacted by telephone, please indicate the best day(s) and time(s) to reach you.
Preferred Day(s): _____
Preferred Time(s): _____

Have you filed a complaint regarding this matter with any other federal, state, or local agency?
☐ Yes ☐ No
If yes, please provide the agency name(s), contact information, and any relevant details.

_____
_____
_____
_____

Section F: Desired Outcome

What action or resolution would you like Senior Connections, Inc. to consider in response to your complaint or concern?
Please describe any steps you believe would help resolve the issue or improve services.

_____
_____
_____
_____
_____

Section G: Signature and Submission

Please attach copies of any documents or supporting materials relevant to your complaint or comment, if available.

By signing below, you confirm that the information provided is accurate and complete to the best of your knowledge.

Printed Name: _____
Signature: _____
Date (Month/Day/Year): _____

Submit Completed Forms To:
Brian Trettel, Executive Director
Senior Connections, Inc.
1805 N. 16th Street
Superior, WI 54880
Email: execdirector@seniorconnectionswi.org
Phone: 715-394-3611

Thank you for taking the time to share your feedback. Senior Connections, Inc. values your input and is committed to providing accessible, respectful, and quality services to the individuals and communities we serve.